## **South Dakota Arts Council**

711 E. Wells Ave. Pierre, SD 57501-3369 (605) 773-3301 or 1-800-952-3625

## **Artists In Schools & Communities Teacher Inservice Sponsor Application**

Use this form to apply for **Artists In Schools & Communities** (including **YAR** and **SEAL**) residencies.

- Applications must be postmarked by **April 1**.

  Use this form to apply for **Teacher Inservice** programs.

  Teacher Inservice applications must be postmarked at least 30 days prior to the event.

  Submit one copy of this application form for **EACH** residency or inservice program requested. (Photocopy this form if additional copies are needed, applications before submitting them to 6.
- For your records, be sure to photocopy all completed applications before submitting them to SDAC.

Spo	onsoring School or Organization				County			
Ad	dress (Street, Rural Route, or P.O. Box)	City/Town		State	Zip			
Tel	ephone	E-mail Addre	SS					
Pro	oject Director (Contact Person)	Daytime Tele	phone	Evening or Message Phone				
Su	mmer Address of Project Director	City/Town		State	Zip			
<u>sig</u> ski	Youth At Risk (YAR) Residency (see page 4)  Applying for an Artists In Schools & Communities, Yout n on the bottom of the back page. (If applying for a Teach p to number 11 and answer numbers 11 through 16.)  Residency Length (and cost to the sponsor):  Single-artist residency:  One week (\$500)  Two we Multi-artist residency:  One week (\$900)  Two we	h At Risk, or S ner Inservice Pr neeks (\$1,000)	rogram, do NOT ansv	lete numbe wer these q	uestions. Instead,			
3.	Preferred Dates of Residency:	Ferred Dates of Residency: Alternate Date Preference:						
4.	Preferred Arts Discipline: Dance Theater Lite	erature ditional Arts	☐ Multi-Discipl☐ Visual Arts	inary [	Music			
5.	. In order of preference, list the three artists of most interest to you: (1)							
	(2)	(3)						
6.	Indicate grade or age levels and numbers of students/participants in each Core Group working with the artist.							
	Grade or Age Level(s): Number of Students/Participants:  Comments:							

7. If this is a school residency, describe how it will contribute to arts education in your school and with what core subjects the residency will be integrated.

8.	If this is a community reside artist will work.	ency, describe the	e types of activ	ities anticipated	l and suggested gro	oups with which the					
9.	Indicate Source of Matching	Funds:	☐ School Bud ☐ Business F☐ Other (spe	artner		ry Arts Council Cher Organization					
10.	AGREEMENT: As the Spons In Schools & Communities		epresentative,	I agree to the fo	ollowing provisions	governing the Artists					
	(Place a 🗸 in front of	each statemen	t, indicating t	hat you will c	omply with each	requirement.)					
The artist will be scheduled for no more than 4 sessions (40-60 minutes each session) per day, unless an alternative schedule is negotiated with the artist (e.g. 5 sessions one day and 3 the next).											
	Some sessions will be sch depth experience, rather				xtended period of da	ays, allowing for an in-					
	The artist will not be viewed as a member of the teaching staff, but as a professional resource person, providing enrichment to the curriculum. During a school residency, the classroom teacher will be actively present and participate in activities whenever appropriate. The teacher is responsible for classroom discipline.										
The sponsor will provide lodging for the artist during the residency in a motel or similar facility unless sucfacilities are not available in the local community or unless the artist requests to stay in a private home.  Private housing requests must be initiated by the artist, not by the local sponsor. Whether housed in a private home or a motel, there will be no cost to the artist.											
	The sponsor is responsible for expendable participant supplies utilized during the residency. During the planning for the residency, the artist and sponsor should agree on necessary supplies and costs.										
	Any funds granted as a re	sult of this applica	ation are to be ı	ised for the purp	oses set forth hereir	1.					
(If a	pplying for a <b>Teacher Inservice</b> applying for an Artists In Schoothe bottom of the page.)										
11.	Inservice Presenter (name o	f artist on AISC	roster):								
12.	<b>Inservice length</b> (and cost to	sponsor): 🗖 O	ne day (\$125)	☐ Two days (\$	(S250)	ek (\$625)					
13.	Date(s) of inservice program	ı:									
14.	I have contacted the above r	amed artist and	he/she has agr	eed to the speci	fied date(s) of the	activity YES					
15.	Describe the inservice activity	y for which mate	ching funds fro	m SDAC will be	used.						
16.	Source of Matching Funds: ☐ Business Partner	☐ School Budg ☐ Parent Teach	et er Organization		nity Arts Council specify)						
Naı	ne (please print or type)	Title	Signa	nture		Date					
Ado	lress	City/To	wn State	Zip		Phone					